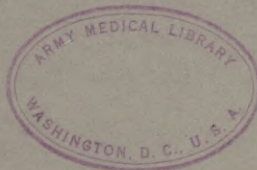


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MORBIDITY REPORTING REQUIREMENTS

INCLUDING REPORT FORMS
AND INSTRUCTIONS
of the
Public Health Service

as of July 1, 1948



FEDERAL SECURITY AGENCY
Public Health Service
Division of Public Health Methods

ERRATA

Page 1. Item 2:

Insert Measles between Influenza and Meningitis,
Meningococcal.

Page 8:

Insert after Plague:

Pneumonia 490-493*

Pneumonia of any type due to any
known or unknown organism, including
pneumococcus, staphylococcus, strept-
ococcus, Friedlander's bacillus

Lobar pneumonia
Bronchopneumonia
Atypical pneumonia
Pneumonia, unspecified

* Does not include hypostatic pneumonia, chronic pneumonia, congestion of the lungs, or terminal pneumonia, unless designated as lobar or broncho-pneumonia.

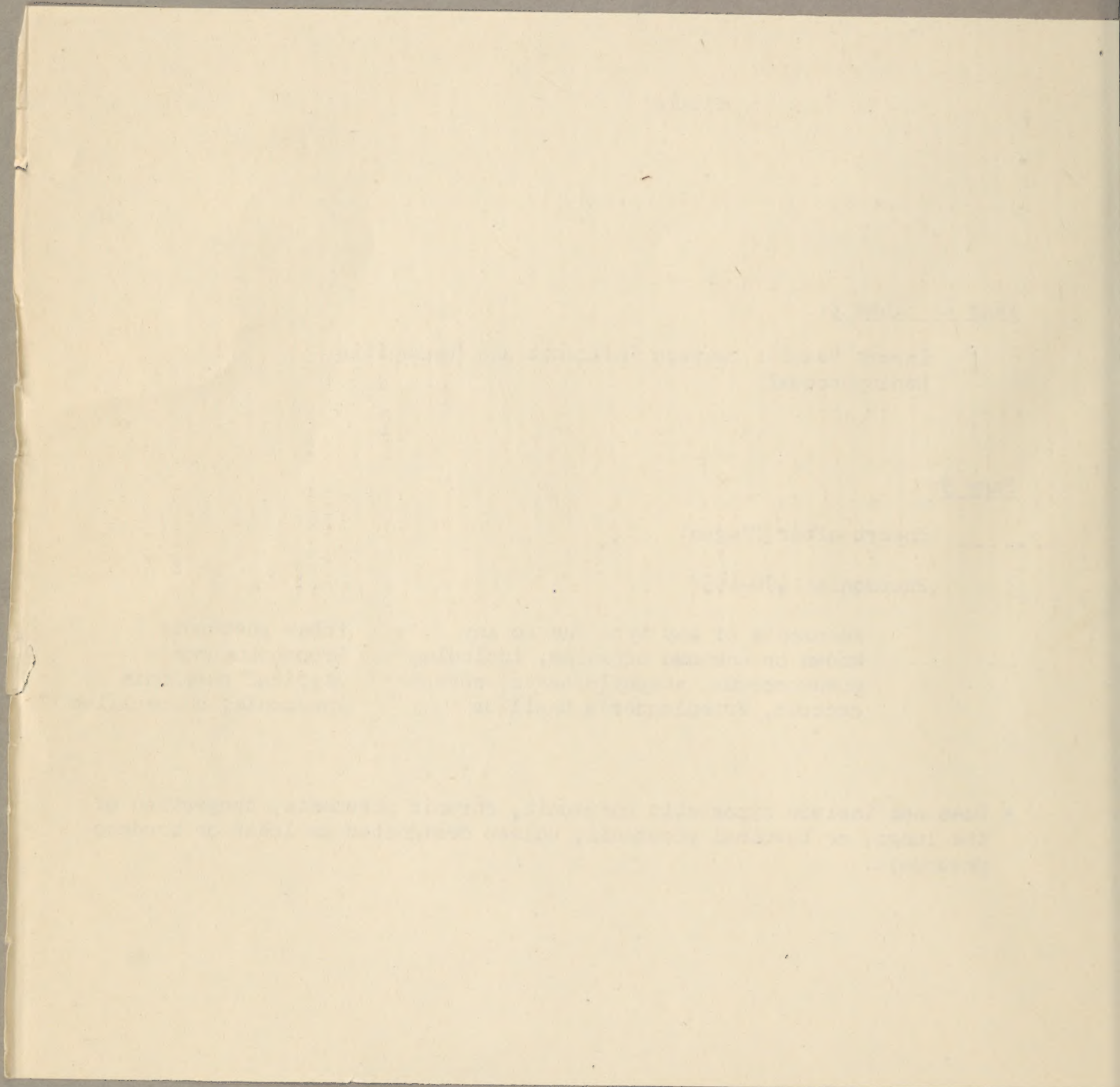


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JAN 3 1948

I. INTRODUCTION

The morbidity reporting requirements of the U. S. Public Health Service have resulted, over a period of years, in the development of a number of series of reports. Many of the reports overlap, include data of questionable public health importance, and impose clerical burdens on the States and localities that may be unnecessary.

The need for simplification and coordination of these reporting requirements has long been felt. The Surgeon General's Committee on Routine Records and Reports has recommended that the reporting requirements should be reduced to the minimum needed to fulfill the responsibilities of the Service.

The revised reporting requirements as presented herewith have been prepared in line with this recommendation and on the basis of discussions with members of the State and Territorial Health Officers Association and others interested in communicable disease control or research.

The determination of the reporting requirements of any agency should be based on the expressed needs of that agency and its ability and desire to utilize the reports received. Necessarily, the needs of the U. S. Public Health Service are more limited than those of most State and local health departments which have the primary responsibility for the control of disease.

In determining the needs for data by the U. S. Public Health Service, the following responsibilities have been considered:

1. Fulfillment of international quarantine obligations.
2. Fulfillment of interstate quarantine obligations.
3. Fulfillment of other U. S. Public Health Service responsibilities such as planning of public health programs, or assessing the need for, and adequacy of, control measures.

Examination of the diseases reportable in the States indicates that some of the 45 such diseases should be reportable and 20 require immediate notification. These diseases are shown in the following table with groupings corresponding to the above-listed responsibilities.

DISEASES THE REPORTING OF WHICH IS OF PARTICULAR INTEREST TO THE UNITED STATES PUBLIC HEALTH SERVICE		
Timing of FEDERAL REPORTING REQUIREMENTS		
A. Requiring immediate or weekly (telegraphic) reporting to USPHS and other States for control purposes, prediction of epidemics, public interest, etc.		
(1)	Diseases for which there are international quarantine agreements:	
	Cholera	Psittacosis
	Plague	Smallpox
(2)	Other diseases for which USPHS has interstate quarantine obligations:	
	Anthrax	Encephalitis, infectious
	Diphtheria	Meningococcal meningitis
(3)	Other diseases for which USPHS has responsibility or special interest:	
	Influenza	Rocky Mt. spotted fever
	Measles	Tularemia
	Paratyphoid fever	Whooping cough
	Pneumonia	
B. Requiring less expeditious or less frequent reporting:		
(1)	Diseases for which there are international quarantine agreements:	
	NONE	
(2)	Diseases for which USPHS has interstate quarantine obligations:	
	Dengue	Leprosy
	Favus	Ringworm of the scalp
		Septic sore throat
(3)	Other diseases for which USPHS has responsibility or special interest:	
	Brucellosis	Malaria
	Dysentery, amebic	Ophthalmia neonatorum
	Dysentery, bacillary	Rabies in animals
	Dysentery, unspecified	Rabies in man
	Epidemic diarrhea of the newborn	Rheumatic fever and heart, and related manifestations (Persons under 21.)
C. Subject to special reporting requirements of operating divisions:		
(1)	Diseases for which there are international quarantine agreements:	
	NONE	
(2)	Other diseases for which USPHS has interstate quarantine obligations:	
	Chancroid	
	Gonorrhea	
	Granuloma inguinale	
	Lymphogranuloma venereum	
	Syphilis	
(3)	Other diseases for which USPHS has responsibility or special interest:	
	NONE.	

Every effort has been made to make PHS-849 (PHM) (old number 8958-A), the Monthly Morbidity Report, the basic report. Provision has been made on that form for the reporting of any disease not specifically listed but which is reportable to the State. The section of the report requiring the reporting of the total number of new cases by county has been deleted for those States which publish such data in their own weekly or monthly communicable disease bulletins.

II. REPORTING REQUIREMENTS OF DIVISION OF PUBLIC HEALTH METHODS

1. Telegraphic report on occurrence of cases of the following diseases covered by International Quarantine Agreement:

Cholera	Typhus, epidemic
Plague	Yellow fever
Psittacosis	

Instructions:

Whenever cases of the five diseases named above occur, the Surgeon General of the U. S. Public Health Service should be notified immediately by telegram (collect) of the number and locations of the cases. Also any outbreak of an important communicable disease which seems to be acquiring the characteristics of an epidemic should be reported immediately by a similar telegram.

The telegraphic report should be followed by a more detailed mail report on the case, outbreak, or epidemic giving available information on how the infection was brought into the community, diagnostic procedures, and steps taken to control outbreak.

Sample of telegraphic report of occurrence of disease:

"July 1, one case of plague at Oskaloosa, two cases of cholera at Kingman."

Publication:

Public Health Reports (Weekly).

2. Weekly telegraphic report from the States:

Instructions:

At the close of each week a telegraphic report (collect) should be sent by the State Health Officer to the Public Health Service giving the number of new cases of the following diseases which were reported to have occurred in the State during the week:

Anthrax	Rabies in animals
Diphtheria	Rocky Mt. spotted fever
Encephalitis, infectious	Scarlet fever
Influenza	Smallpox
Meningitis, meningococcal	Tularemia
Pneumonia	Typhoid fever
Poliomyelitis	Paratyphoid fever
	Whooping cough

Note:

This telegram should be sent as soon as possible, and not later than Tuesday night of the following week. In order to expedite the publication of these data in compliance with requests of health officers, the national summaries will be sent to press Wednesday noon and States not reporting will be so recorded.

Sample of weekly telegram:

"July 1, poliomyelitis 1, diphtheria 12, influenza 49, tularemia 2."

Publication:

1. Weekly Health Officer's Statement
2. Weekly Communicable Disease Summary
3. Public Health Reports (Weekly)

3. Monthly Morbidity Report PHS-849 (PHM) (old number 8958-A) from the States:

Instructions:

Each State Health Department should submit PHS-849 (PHM) as soon as possible after the close of the current month, and not later than the beginning of the second month thereafter. This report is the basic report covering the incidence of notifiable diseases in this country. The number of new cases reported during the current month for each disease listed should be entered. In addition, all other diseases which are reportable in the State should be listed on the form, together with the number of new cases reported. PHS-849(PHM) is shown on the following page.

These data are required in order that the Public Health Service may keep currently informed as to the incidence of certain diseases in each State and follow interstate advance of these diseases. They are needed for answering inquiries, and for the quarterly and annual compilations.

Publication:

Annual and quarterly summaries of these data will be compiled by totaling the monthly reports and will be published in Public Health Reports. A provisional annual summary will be compiled and published at or before the end of the first quarter of the next year. At the end of the following year, a final summary will be published, along with the final data on mortality which will be obtained from the National Office of Vital Statistics. States desiring to submit corrections for the previous year or any part thereof for inclusion in the final tabulation may do so, provided such corrections are submitted prior to July 1st. Many States may desire to follow this procedure in order that the final figures published by the U. S. Public Health Service will be in agreement with the official reports released in the State.

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
DIVISION OF PUBLIC HEALTH METHODS

BUDGET BUREAU NO. 68.R006.2
APP. EXP. MAR. 31, 1951

MONTHLY MORBIDITY REPORT

STATE OF _____ MONTH ENDED _____ 19 _____

DISEASE	NEW CASES REPORTED	DISEASE	NEW CASES REPORTED
ANTHRAX _____		SEPTIC SORE THROAT _____	
BRUCELLOSIS _____		TETANUS _____	
DENGUE _____		TRACHOMA _____	
DIARRHEA OF THE NEW BORN, EPIDEMIC _____		TRICHINIASIS _____	
DIPHTHERIA _____		TUBERCULOSIS (ALL FORMS) _____	
DYSENTERY, AMEBIC _____		TUBERCULOSIS (RESPIRATORY) _____	
BACILLARY _____		TULAREMIA _____	
UNSPECIFIED _____		TYPHOID FEVER _____	
ENCEPHALITIS, INFECTIOUS _____		TYPHUS FEVER, MURINE (ENDEMIC) _____	
FAVUS _____		WHOOPING COUGH _____	
LEPROSY _____		ALL OTHER DISEASES NOTIFIABLE IN THE STATE: (SPECIFY)	
MALARIA _____			
ACQUIRED IN U.S. _____			
ACQUIRED OUTSIDE U.S. _____			
MEASLES _____			
MENINGITIS, MENINGOCOCCAL _____			
OPHTHALMIA NEONATORUM _____			
PARATYPHOID FEVER _____			
PNEUMONIA, (ALL FORMS) _____			
POLIOMYELITIS _____			
BULBAR, POLIOENCEPHALITIS, AND OTHER PARALYTIC _____			
NON-PARALYTIC _____			
UNSPECIFIED _____			
PSITTACOSIS _____			
RABIES IN ANIMALS _____			
RABIES IN MAN _____			
RHEUMATIC FEVER* _____			
RINGWORM OF THE SCALP _____			
ROCKY MT. SPOTTED FEVER _____			
SMALLPOX _____			
STREPTOCOCCAL DISEASES _____			
SCARLET FEVER _____			

*With or without heart involvement, or chorea, in children under 21. (Excluding Huntington's chorea)

DATE _____ 19 _____ SUBMITTED BY _____ (Name)

(Title)

4. Morbidity reports by Counties to be Submitted by States:

Instructions:

Each State Health Officer should forward to the Public Health Service two copies of the routine weekly (or monthly) release on reportable diseases by county. These reports will be acceptable in lieu of the supplement to Form 8958-A which provides for reporting by counties, provided it is clearly indicated on each release as to whether or not reports were received from each county or whether there were no cases reported. This is accomplished easily by entering "NR" for counties not reporting, and "O" for counties reporting no cases.

If possible the Public Health Service would like to obtain data on the county distribution of the following diseases: Diphtheria; Encephalitis, infectious; Malaria; Meningitis, meningococcal; Poliomyelitis; Rocky Mountain spotted fever; Smallpox; Tularemia; Typhoid fever; Paratyphoid fever; Typhus fever, murine (endemic); and Brucellosis (undulant fever).

If the State Health Department does not release a routine tabulation of reportable diseases by county on either a weekly or monthly basis, the Supplemental Form should be submitted at the same time that the monthly State Morbidity Report is sent to the Public Health Service. A supply of the Supplemental Form will be sent on request.

Publication:

These data will not be published routinely by the Public Health Service but are necessary to keep the Surgeon General currently informed on the local incidence of certain diseases in each State, and to answer inquiries.

5. Municipal weekly morbidity report PHS-453(PHM)

BUDGET BUREAU NO. 08-R009.2
APP. EXP. MAR. 31, 1951

PHS-453(PHM) (OLD NO. 0960-A)
REV. 4.48

MUNICIPAL WEEKLY MORBIDITY REPORT

CITY _____

STATE _____

WEEK ENDED SATURDAY, _____ 19____

DISEASES	NEW CASES REPORTED
ANTHRAX	
DIPHTHERIA	
ENCEPHALITIS, <i>infectious</i>	
INFLUENZA	
MEASLES	
MENINGITIS, <i>meningococcal</i>	
PARATYPHOID FEVER	
PNEUMONIA (<i>all forms</i>)	
POLIOMYELITIS	
ROCKY MT. SPOTTED FEVER	
SCARLET FEVER	
SMALLPOX	
TULAREMIA	
TYPHOID FEVER	
WHOOPING COUGH	

SIGNATURE _____

TITLE _____

REPORT FOR EACH WEEK SHOULD BE
MAILED NOT LATER THAN THE
FOLLOWING TUESDAY

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(GPO)

SURGEON GENERAL
PUBLIC HEALTH SERVICE
WASHINGTON 25, D.C.

DIVISION OF PUBLIC HEALTH METHODS

Back

Actual size 3 1/4 X 5 1/2"

East South Central:
Birmingham
Chattanooga
Knoxville
Louisville
Memphis
Nashville

West South Central:
Dallas
El Paso
Fort Worth
Houston
Little Rock
New Orleans
Oklahoma City
San Antonio
Tulsa

Mountain:
Albuquerque
Butte
Colorado Springs
Denver
Ogden
Phoenix
Pueblo
Salt Lake City
Tucson

Pacific:
Long Beach
Los Angeles
Oakland
Portland, Oreg.
Sacramento
San Diego
San Francisco
Seattle
Spokane
Tacoma
Honolulu

This report is requested from the following cities:

New England:

Boston
Bridgeport
Cambridge
Fall River
Hartford
Lowell
Lynn
New Bedford
New Haven
Providence
Somerville
Springfield, Mass.
Waterbury
Worcester

Middle Atlantic:

Albany
Buffalo
Camden
Elizabeth
Erie
Jersey City
Newark, N. J.
New York

Paterson

Philadelphia
Pittsburgh
Rochester, N. Y.
Schenectady
Syracuse
Trenton
Utica
Yonkers

East North Central:

Akron
Canton
Chicago
Cincinnati
Cleveland
Columbus
Dayton
Detroit
Evansville
Flint
Fort Wayne
Grand Rapids
Indianapolis
Milwaukee

Peoria

South Bend
Toledo
Youngstown
West North Central:
Des Moines
Duluth
Kansas City, Kans.
Kansas City, Mo.
Minneapolis
Omaha
St. Louis
St. Paul
Wichita

South Atlantic:

Atlanta
Baltimore
Charlotte
Miami
Norfolk
Richmond
Tampa
Washington, D. C.
Wilmington, Del.

Instructions:

This form should be mailed direct to the Public Health Service not later than the Tuesday after the close of the week. Only new cases should be included in the report. If no cases are reported for a particular week, an entry of "0" should be made.

These data are necessary to answer inquiries from health officers and the public regarding the incidence of important communicable diseases in large cities.

Publication:

Weekly Health Officer's Statement

6. Definition of disease categories reportable to Division of Public Health Methods.

The disease categories reportable to the U. S. Public Health Service are shown in the following list with:

1. Their designated number in the International Statistical Classification of Diseases, Injuries, and Causes of Death adopted in 1948;
2. Information as to what is to be ordinarily included under this category;
3. Other designations under which the disease to be included may be reported.

There is a wide diversity in the legal requirements for reporting to State and local health departments, and in the reporting needs of different parts of the country. The listing given below does not represent an attempt to secure standardization in legal requirements. It is presented as a guide to the disease categories which are desired in the reports to the U. S. Public Health Service. If the data reported within a given area do not coincide with these criteria, the known differences should be shown in an explanatory note to the report.

<u>Disease</u>	<u>1948^{1/} I. L. Number</u>	<u>Includes:</u>	<u>May be designated also as:</u>
Anthrax	062	Any site or type	Infection by <i>Bacillus anthracis</i> Malignant pustule Woolsorters' disease
Brucellosis	044	Any stage	Abortus fever Febris melitensis Infection, <i>Bacillus abortus</i> Malta fever Mediterranean fever Undulant fever
Cholera	043 ^{2/}		Asiatic cholera
Dengue	090		Breakbone fever
Diarrhea of the new-born, epidemic	764	Diarrhea under 4 weeks of age: Colitis Diarrhea Enteritis Gastro-enteritis	
Diphtheria	055	Any site or type Croup Laryngitis Pharyngitis Stomatitis Tonsillitis Tracheitis	Specified as diphtheritic

^{1/}International List, 6th Revision, 1948.

^{2/}Does not include cholera infantum, cholera nostras, and choleraic diarrhea.

<u>Disease</u>	<u>1948 I. L. Number</u>	<u>Includes:</u>	<u>May be designated also as:</u>
Dysentery, amebic	046	With or without mention of liver abscess	Amebiasis
Dysentery, bacillary	045	Dysentery specified as: Flexner Flexner-Boyd Schmitz Shiga Shigella Sonne bacillary, any type	Shigellosis
Dysentery, unspecified	047, 048	Dysentery, unspecified or of any type not classifiable under 045 or 046	
Encephalitis, infectious	0823/	Encephalitis specified as: acute epidemic equine (Eastern) (Western) Japanese B. type lethargic myoclonic St. Louis type serous Vienna type virus	Acute encephalitis, lethargica Choriomeningitis, lymphocytic Encephalomeningitis, acute Encephalomyelitis, acute Meningitis, aseptic Meningo-encephalitis, acute
Favus	131		
Influenza	480-483	All forms	"Flu" Grippe Intestinal influenza
Leprosy	060	Leprosy, unspecified or specified as: lepomatous nodular neuro- mixed types	
Malaria	110-117	All types, including recurrent induced malaria	
Measles	085	Hemorrhagic measles	Morbilli Rubeola
Meningitis, meningococcal	057.0	Meningitis specified as: diplococcal epidemic Meningitis, cerebrospinal, specified as: acute meningococcal epidemic infectious	Cerebrospinal fever Meningococcal encephalitis

³/Does not include conditions specified as late effects or sequelae.

Disease	1948 I. L. Number	Includes:	May be designated also as:
Ophthalmia neonatorum	033, 765 ^{4/}	Gonococcal ophthalmia Ophthalmia unspecified, in first 4 weeks of life Babies sore eyes in first 4 weeks of life	Conjunctivitis of the newborn, acute infectious
Paratyphoid fever	041	All types: A, B, and C	
Plague	058	Plague unspecified or specified as: bubonic pneumonic other	
Poliomyelitis, paralytic	{ 080.0 ^{5/} 080.1 ^{5/} }	Poliomyelitis acute anterior epidemic } specified as paralytic	Infantile paralysis, acute Polioencephalitis Polioencephalomyelitis Acute atrophic spinal paralysis Paralytic infantile paralysis } specified as paralytic
Poliomyelitis, non-paralytic	080.2 ^{5/}	Poliomyelitis specified as non-paralytic	
Poliomyelitis, unspecified	080.3 ^{5/}	Poliomyelitis acute anterior epidemic } unspecified whether paralytic or non-paralytic	Infantile paralysis, unspecified whether paralytic or nonparalytic
Psittacosis	096.2	Ornithosis	Parrot fever
Rabies in animals			Hydrophobia Mad dog, Mad fox, etc.
Rabies in man	094		Hydrophobia
Rheumatic fever and chorea	400-6/ 402	Acute rheumatic heart disease Chorea Rheumatic fever Sydenham's chorea } With or without mention of heart in- volvement ^{7/}	
Ringworm of scalp	131		Tinea capitis
Rocky Mountain spotted fever	104	Any type (Eastern) (Western)	Tick-borne typhus
Scarlet fever	0508/		Febris rubra Scarlatina

^{4/}Does not include trachoma.

^{5/}Does not include conditions specified as late effects or sequelae.

^{6/}Does not include (1) Huntington's chorea, or (2) chronic heart diseases of rheumatic origin unless rheumatic fever is also present or there is evidence of recrudescence or activity of the rheumatic process.

^{7/}Includes only children under 21 years of age; excludes other ages.

^{8/}Does not include puerperal scarlet fever.

<u>Disease</u>	<u>1948 I. L. Number</u>	<u>Includes:</u>	<u>May be designated also as:</u>
Smallpox	084	Any form	Alastrim Variola major minor
Streptococcal sore throat	0519/	Angina Nasopharyngitis Pharyngitis Sore throat Tonsillitis Ulcerative sore throat <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> specified as due to strep- tococcus	Septic angina Septic pharyngitis Septic sore throat Septic throat
Tetanus	06110/	Tetanus, neonatorum	Lockjaw
Trachoma	095		Granular conjunctivitis
Trichiniasis	128		Infestation by <i>Trichinella spiralis</i> Trichinosis
Tuberculosis, all forms		Tuberculosis of any organ or site, or of unspecified site	
Tuberculosis, respiratory	001-008	Tuberculosis of: lung or pulmonary bronchi trachea pharynx larynx pleural, significant nose nasopharynx respiratory other respiratory organs Tuberculosis, unspecified Tuberculosis, disseminated, with mention of lung	
Tularemia	059	Any form	Deer fly fever Rabbit fever
Typhoid fever	040	Typhoid fever or infection, any site; unspecified or specified as: abortive ambulant	Enteric fever Typho-enteris
Typhus, murine (endemic)	101	Brill's disease Mexican typhus Tabardillo <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> specified as flea-borne	Endemic typhus fever Flea-borne typhus Murine typhus
Typhus, epidemic	100	Brill's disease Mexican typhus Tabardillo <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> specified as louse-borne	Classical typhus Epidemic typhus fever Exanthematic typhus Louse-borne typhus
Whooping cough	056	Any form	Pertussis
Yellow fever	091		Febris flavus

9/Does not include: (1) acute pharyngitis; (2) streptococcal pneumonia.

10/Does not include puerperal tetanus.

7. General Instructions for Telegrams Relating to Morbidity

Telegraphic morbidity reports should be sent collect to the Surgeon General, U. S. Public Health Service, Washington, D. C. They should be sent over government teletype facilities in areas in which such service is available. Telegrams sent prior to Wednesday morning should be sent as night letters. In sending such telegrams the following specification should be made clear:

Government Rate - Official Business - Collect

Commercial telegraph companies accept figures and punctuation marks in domestic telegrams. Numbers are counted as one word for each five figures. An appreciable saving can be effected by expressing numbers in figures rather than in words.

A confirmation copy of each telegram should always be mailed to the Surgeon General, U. S. Public Health Service.

8. Appointment of Collaborating and Assistant Collaborating Epidemiologists of the United States Public Health Service

In order to facilitate communicable disease reporting Collaborating Epidemiologists are appointed in State health departments and, where necessary, upon recommendation of the Collaborating Epidemiologist Assistant Collaborating Epidemiologists are appointed in local official health agencies. Applications for such appointments should be addressed to the Surgeon General, U. S. Public Health Service.

Collaborating and Assistant Collaborating Epidemiologists of the U. S. Public Health Service serve without compensation. However, as Federal officers, these appointees are legally entitled to use the penalty privilege in the conduct of the duties for which they receive their appointments.

For the purpose of collecting information relating to Federal business, a Federal officer may send out self-addressed envelopes or post cards to be used by the person furnishing the information desired. In the case of collecting morbidity reports, the Collaborating or Assistant Collaborating Epidemiologist furnishes self-addressed penalty envelopes or penalty post cards for use in reporting cases of communicable diseases. These reports are made to the Assistant Collaborating Epidemiologist or direct to the Collaborating Epidemiologist, according to the practice in the particular State.

All correspondence of the U. S. Public Health Service relating to this work is carried on with the Collaborating Epidemiologist. The Collaborating Epidemiologist makes requisitions to the U. S. Public Health Service for necessary supplies of morbidity report cards and envelopes and distributes these supplies.

9. Instructions Relative to the Use of the Penalty Privilege

1. The use of the penalty privilege by State health officers, State epidemiologists, State venereal disease control officers, State directors of county health work, State sanitary engineers, and other officials of State health organizations is permitted only when appointed in the Public Health Service and only for the following purposes:

(a) The collection of reports of notifiable diseases, where such reports are in turn to be made available to the Public Health Service. This would include return penalty cards and envelopes to be used by private physicians, when such cards and envelopes are stamped or printed with the return address in accordance with the Postal Regulations.

(b) Correspondence concerning reports of notifiable diseases to obtain more complete information, to clear up inconsistencies and other questions about the data, and to obtain missing reports, including use of the penalty privilege for return reply.

(c) The forwarding of reports of notifiable diseases from the State health department to the Public Health Service.

(d) The forwarding, by the Collaborating Epidemiologist, of interstate reciprocal notifications of communicable diseases where the regular Public Health Service form is used and a copy is furnished the Public Health Service.

(e) The forwarding of narrative, statistical, financial and other reports required by the Public Health Service in connection with the certification of water supplies and investigation of sources of milk and food used on interstate carriers, and with the operation of special cooperative programs (except reports in connection with grants-in-aid).

(f) The gathering of information in connection with special investigations or studies, authorized and supervised by the Public Health Service, the results of which are to be submitted to the Service.

2. The use of the penalty privilege by district, county, or city health officers is permitted only when appointed in the Public Health Service and only for the following purposes:

(a) The collection of reports of notifiable diseases, where such reports are in turn to be made available to the Public Health Service.

(b) Correspondence concerning reports of notifiable diseases to obtain more complete information, to clear up inconsistencies and other questions about the data, and to obtain missing reports, including use of the penalty privilege for return reply.

(c) The forwarding of reports of notifiable diseases from the district, county, or city health department to the State health department (Collaborating Epidemiologist) where such reports are in turn to be made available to the Public Health Service.

(d) The forwarding of narrative, statistical, financial and other reports to the State health department, where such reports are to form the basis of reports required of the State health departments by the Public Health Service in connection with the operation of special cooperative programs (except reports in connection with grants-in-aid).

(e) The gathering of information in connection with special investigations or studies, authorized and supervised by the Public Health Service, the results of which are to be submitted to the Service.

3. The use of the penalty privilege for the forwarding of laboratory specimens, specimen containers, reports on laboratory examinations, relating to routine diagnostic procedures and not in connection with a Federal project, and for forwarding State and local health department literature, circulars and correspondence other than that previously described in those instructions is a violation of the postal laws and regulations which may subject the offender to the penalty of the law.

4. The printing of penalty cards, penalty envelopes, penalty mailing slips and Public Health Service letterheads by State or local health departments is prohibited by Federal law.

5. In all cases not clearly authorized in the foregoing, where there is doubt as to the legality of present or contemplated use of the penalty mailing privilege, the matter should be referred to the Public Health Service in Washington for determination.

10. Requests for Forms and Penalty Envelopes

Requests for forms and penalty envelopes in connection with the collection of communicable disease reports should be made at least 3 months before the supply on hand is expected to be exhausted. These requests should cover the needs of the area for the ensuing year, and should be addressed:

Surgeon General, U. S. Public Health Service
Attention: Chief, Division of Public Health Methods
Washington 25, D. C. (8958-B)

III. MORBIDITY REPORTS REQUIRED BY VENEREAL DISEASE DIVISION

1. Quarterly Morbidity Report from the States -- Form PHS-688 (VD) (old number 8958-B)

Instructions:

This report is required quarterly from each State, but may be submitted monthly if convenient. No quarterly recapitulation is required if monthly data are submitted. The report should include all cases not previously reported in the State. The inclusion of previously treated cases is correct if they have not been previously reported. In areas without a "name file" of reported cases it may be necessary to exclude all previously treated cases since the previous reporting of the case cannot be determined. Where the same case is reported by two sources (e.g., a private physician who diagnosed the infection and a Rapid Treatment Center which admitted the person for treatment) the case should be tabulated on the PHS-688 (VD) for the agency which first reported it (usually the agency of diagnosis).

The report should include only cases diagnosed as a venereal disease (syphilis, gonorrhea, etc.). Cases given treatment for venereal disease without being so diagnosed ("Epidemiologic syphilis," etc.) are not to be included.

Morbidity data are used to evaluate the effectiveness of program emphasis on early casefinding, to estimate the minimum incidence of the venereal diseases, to determine the general achievement of the disease prevention program, to prepare reports to the Congress in support of budget requests and to determine partial allocation of grant-in-aid funds.

Publication:

Data from the PHS-688(VD) report are published in the Journal of Venereal Disease Information, in the "Statistical Letter" issued by the Division quarterly, in the Annual Report of the Public Health Service and in special releases of the Venereal Disease Division.

MORBIDITY REPORT

Budget Bureau No. 68-R035.1
Approval expires 5-30-49.

The _____ State Health Department submits the following morbidity report on venereal diseases
to the U. S. Public Health Service for the period _____ to _____

Cases reported under treatment for the first time during the period

SOURCE OF REPORT	COLOR AND SEX		SYPHILIS					GONORRHEA	CHANCROID	GRANULOMA INGUINALE	LYMPHO- GRANULOMA
			Primary and Secondary	Early Latent	Late and Late Latent	Congenital	Not Stated				
BY PRIVATE PHYSICIANS	White and Unknown	Male									
		Female									
	Nonwhite	Male									
		Female									
	TOTAL,										
BY CLINICS, HOSPITALS, OR OTHER INSTITUTIONS	White and Unknown	Male									
		Female									
	Nonwhite	Male									
		Female									
	TOTAL,										

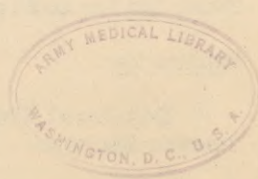
Date prepared _____, 19____

Submitted by _____
(Signature)

(Title)

Submit this form direct to the Chief, Venereal Disease Division,
Public Health Service, Washington 25, D. C.

16-56870-3 U. S. GOVERNMENT PRINTING OFFICE



2. Quarterly Morbidity Report from Cities of 200,000 or more population -- Form VM820

FORM APPROVED
BUDGET BUREAU NO. 68-8039

PHYSICIANS AND CLINICS IN THIS CITY HAVE REPORTED DURING THE MONTH OF _____
THE FOLLOWING NUMBER OF NEW CASES OF:

_____ SYPHILIS _____

(a) Primary and Secondary _____

(b) Early Latent _____

(c) Late & Late Latent _____

(d) Congenital _____

Total _____

_____ GONORRHEA _____

_____ OTHER VENEREAL DISEASES _____

(a) Chancroid _____

(b) Granuloma inguinale _____

(c) Lymphogranuloma _____

(d) Other _____

Total _____

_____ Health Officer

_____ Date

_____ City

_____ State

VM820

Reporting cities:

Akron, Ohio
Atlanta, Ga.
Baltimore, Md.
Birmingham, Ala.
Boston, Mass.
Buffalo, N. Y.

Chicago, Ill.
Cincinnati, Ohio
Cleveland, Ohio
Columbus, Ohio
Dallas, Tex.
Dayton, Ohio

Denver, Colo.
Detroit, Mich.
Honolulu, Hawaii
Houston, Tex.
Indianapolis, Ind.
Jersey City, N. J.
Kansas City, Mo.
Los Angeles, Calif.
Louisville, Ky.
Memphis, Tenn.
Milwaukee, Wis.
Minneapolis, Minn.
Newark, N. J.
New Orleans, La.
New York, N. Y.
Oakland, Calif.

Oklahoma City, Okla.
Omaha, Nebr.
Philadelphia, Pa.
Pittsburgh, Pa.
Portland, Oreg.
Providence, R. I.
Rochester, N. Y.
St. Louis, Mo.
St. Paul, Minn.
San Antonio, Tex.
San Diego, Calif.
San Francisco, Calif.
Seattle, Wash.
Syracuse, N. Y.
Toledo, Ohio
Washington, D. C.

Instructions:

This report is required quarterly from health departments of the 44 cities which had populations of 200,000 or more persons in 1940. Monthly data may be submitted instead of quarterly and most cities are reporting monthly. If the data are submitted quarterly the dates of the period covered by the report should be entered in the space provided for "month."

The report should agree with the data submitted to the State Health Department for inclusion in the State Morbidity Report PHS-688(VD).

These data are used for program administration, for planning case finding surveys in the larger cities and for determining local areas with control problems of particular importance.

Publication:

Data from VM820 are summarized and published annually in a special release of the Venereal Disease Division.

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THE SURGEON GENERAL
PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

V. D. DIVISION

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